

an enormous quantity of scybalæ were thus removed, and, upon a subsequent examination, it was found that the fundus had resumed its natural situation.—*Ranking's Abstract*, vol. ix., from *Revue Méd.-Chirurg.*, Sept., 1848.

52. *Apparent Intra-Uterine Amputation.*—Dr. LUDWIG MELICHER, in the *Oesterreichische Medicinische Wochenschrift*, for April, 1848, relates the following interesting case: Joseph G—, 12 years of age, a pupil in the Imperial Grammar School, born of healthy parents, was the fourth child, and one of seven brothers and sisters, all born healthy, and well made. His mother states that she suffered no accident of any kind during her pregnancy with this child. He had always been healthy, with the exception of an attack of typhus three years ago. He is well formed for his age, his limbs of average proportions, except the left upper extremity, which presents the following unusual appearance—viz., a congenital entire deficiency of the lower two-thirds of the left forearm and hand. It appears at first sight as if amputation had been performed, but that such is not the case is evident from the presence of five little rounded elevations on the end of the stump, representing the fingers; one of them the size of a small pea, and furnished with a rudimentary nail, was separated from the others by a deep line, and corresponded to the thumb; the rudimentary fingers are about the size of hemp-seeds; they are soft, and contain neither cartilage nor bone. When the stump is bent, they become very distinct. On the internal and on the external borders of the stump, close to those elevations, are two funnel-shaped depressions. The stump itself has the appearance of a nine-pin flattened, its base at the elbow-joint measuring two inches; its apex is one inch and a half in width; its length is two inches and three-quarters. It is soft and spongy to the touch, as if padded with fat, and, on closely examining it, two bones may be distinctly felt; one corresponding to the radius, the other to the ulna. The elbow-joint is normal. The internal and external condyle, and also the olecranon, can be distinguished. Flexion and extension of the stump of the forearm are perfect, but pro and supination cannot be freely performed.

Through the unnatural mobility of the shoulder-joint, circumduction of the flexed or extended stump is rapidly performed, and by these means he is enabled to assist himself, and perform therewith the most varied actions;—e. g. he can by its employment withdraw the bolt of a door, and open it; he inserts the flexed stump into the handle of a basket, and readily moves it. The stump possesses in this manner considerable strength, so that he can drag along heavy weights. In cutting paper he holds down the paper with the bent stump, while he cuts it with the knife held in the hand of the other arm. He holds the paper in a similar way while writing; he can tie a knot, put on his cravat, and dress himself without any other assistance. He can even mend a pen without difficulty; holding the feather end in the bend of the elbow, and cutting the quill with the hand. He further aids the stump by the use of the shoulder-joint and knee. Thus he in many ways compensates for this unfortunate deficiency.

Dr. Melicher very justly regards the preceding deformity as an arrest of development, and as confirmatory of the theory of the centrifugal growth of parts. He refers to the reports of similar deformities by various authors, accompanied with defects of other limbs or organs; and he gives, with engravings of the preceding case, a drawing of a case which he saw in Vienna, where the forearm was replaced by three fingers. The child died at the age of three months, of hydrocephalus acutus. On examination of the arm, it was found that the biceps was divided at the elbow into three strips, which moved the fingers anteriorly; posteriorly they were moved by prolongations of the triceps.

A reference to the recorded observations of authors leads Dr. Melicher to divide cases of intra-uterine amputation into (1) the real, and (2) the apparent.

1. The cases of *real* intra-uterine amputation may again be divided into perfect and imperfect. Perfect intra-uterine amputation has been traced either to entanglement of the limbs with the umbilical cord, or to inflammation and sphecelus of the limb or limbs. Imperfect amputation may arise from a similar entanglement of the cord, cutting into, but not dividing the member; and under these circumstances inflammation may be set up, producing deformity, or end-

ing in spontaneous amputation, as in those rare instances where the amputated limbs or parts of limbs have been expelled detached from the trunk.

2. *Apparent intra-uterine amputation* belongs to that class of malformations which consist in an arrest of the growth of a portion of the organism, while the remainder proceeds in its normal development. Such is the nature of the preceding and a few other analogous cases which have been put on record.

Dr. Melicher has brought together most of the names of the authors who have recorded these cases. We add the following, which we find recorded in the *Medical Times* of Nov. 19th, 1842, by Mr. W. B. Kesteven, under the title "Effect of Maternal Imagination on the Foetus." It has escaped the notice of Dr. Melicher most probably from the objectionable heading under which it was recorded; as it appears to us objectionable, from its assuming, as an explanation of the cases, a theory which is regarded by physiologists generally as destitute of foundation. Dr. Melicher's title, "Apparent Intra-Uterine Amputation," at once points out the characteristic features of the deformity, and avoids any inference of theoretical causes.

"An infant presented on the left upper extremity, a mere stump of about two inches in length, beyond the elbow-joint, terminated by a puckering of the integuments on which were situated five minute bodies resembling the tips of very small fingers; the child was otherwise perfectly formed. The history of the case is as follows:—

"Eight months before the birth of the child, the mother, walking with her sister (from whom I have collected the particulars), met with a beggar who, in order to excite compassion, exhibited an amputated stump on his left arm. The woman immediately expressed a sense of disgust and horror, and observed that, if she had been then pregnant, she would expect that her child would be born similarly maimed. The sequel has proved that she was then pregnant, though she did not apprehend it, and that her fears of the result were too well grounded.

"Her sister was present at her labour; and on receiving the infant, and discovering its deformity, experienced a thrill of disgust and sorrow, from which she did not recover until a few days after, when I was called to attend her for abortion, she not having previously suspected that she was pregnant.

"A few days ago I was called to attend, in her second labour, an intelligent, respectable young woman, the wife of a plumber residing in Hornsey Road, opposite to the first-mentioned woman. The child, which is otherwise perfect, presents a deformity precisely resembling that above described, with the exception of two imitations of finger ends instead of five, as in the former instance. I have collected the history of this case from the sister-in-law, the husband, and herself. About eight months since she was subjected to exactly the same circumstances as those I have related in the other case; she also did not suppose herself to be then pregnant, but expressed the same extreme sense of aversion, and her fear that, 'if she had been *in the family way*,' the infant would be similarly maimed.

"In both these instances the same dread of the result had been expressed during the period of gestation; and I have reason to think, though of course I cannot prove it to my satisfaction, that the same individual vagrant was the cause of alarm to each."

The subject of this case is, we understand, alive, and is a most intelligent and active lad, making as much use of his stump as the boy mentioned by Dr. Melicher.

The more extended researches of Dr. Melicher, with more correct views of medical reasoning, while they lead to a collection of facts, supply at the same time the grounds of a more rational explanation, than is furnished by popular ignorance. It is only thus, by the accumulation and comparison of carefully recorded observations, that pathological morphology will be enabled to explain the hitherto complicated and seemingly mysterious occurrence of monstrosities. This branch of medical science will by such researches be removed from the realms of imagination, and take its place under the rule of sober facts and severe reasoning. It is here worthy of notice how one false assumption or hasty generalization leads to other erroneous conclusions. It has been by many writers on teratology laid down as an ascertained truth, that such malforma-

tions as are noticed in the preceding extracts can only occur in the early weeks of pregnancy, and that they may be the effects of emotions in the maternal mind. The explanation which further experience affords, that these deformities are to be attributed to pressure by the cord, disproves the first conclusion; for the cord may become, and is necessarily more likely to become, twisted round the limbs at a later period when the limbs are formed, than at an early period when they are but rudimentary; and to the second conclusion, facts lend but a doubtful support.—*Lond. Med. Gaz.*, July 27th, 1849.

53. On Hemorrhage from the Umbilicus after the Separation of the Funis.—EDWARD RAY, Esq., read before the *South London Medical Society*, an interesting paper on this subject, embracing the details of a number of cases. His object, he says, in detailing these cases, and collecting others of umbilical hemorrhage occurring some days after the separation of the funis, is to demonstrate the peculiar disposition this kind of hemorrhage has to attack the male sex only, and its liability to occur in a succession of male children from the same parents. He is also particularly desirous to receive from the profession any facts relative to this somewhat rare affection, or suggestions that may tend to the more successful prevention or treatment of it.

A lady aged 32 years, was attended by Mr. R., in her sixth confinement, on the 1st of May, 1845. After her marriage (1834) she was thrown from a chaise and bled largely from injuries then received: her first child, a female, was born June 19th, 1835; the mother attempted to nurse, but from extreme debility was obliged to give it up entirely to a wet nurse after a few days: the child was strong and healthy, and is now living.

Second child, a male, born December 1st, 1836, was feeble from its birth, jaundiced, refused both breast and food: hemorrhage occurred from the navel some days after the separation of the cord, and the child died on the 19th day after birth.

Third child, a male, was born on December 19th, 1837, and appeared to be strong and healthy at birth; was nursed by mother in the day and fed in the night; became jaundiced; some days after the separation of the cord, the child was found to be faint after coughing in the night; umbilical hemorrhage had occurred, and he died on the 11th day after birth.

Fourth child, a female, born May 26th, 1839, was nursed by mother two hours during the day, and fed at night: now living and healthy.

Fifth child, a female, born May 2d, 1842, was nursed by mother 16 months during the day, and fed at night: has been healthy, but has now emphysematous lungs subsequent to hooping-cough.

"Sixth child, a male, born May 1st, 1845, after a very short and natural labour, well formed, and apparently strong and healthy: the meconium passed naturally: on the third day the child was jaundiced, and Mr. Young, of Kennington, who had previously attended this lady, most kindly called upon and informed me of the mode of death of the previous male children, and expressed his conviction that this child would die also from umbilical hemorrhage, and supplied me with Ruspini's styptic to attempt its arrest. On the 4th day, the evacuations being scanty and almost void of colour, I prescribed hydr. c. creta, gr. iss, c. conf. aromat. gr. iij, and followed it by small doses of rhubarb in aromatic form occasionally, with the effect of producing three or four evacuations in the 24 hours, of slightly improved colour. On the sixth day, the cord separated from the umbilicus; there was nothing to remark beyond the jaundiced and somewhat inactive state of the child. From this time, I undertook the dressing of the navel, and applied night and morning zinc ointment dusted freely over with powdered mafico leaves. Suspecting the mother was not a good nurse, a wet nurse was with some difficulty procured. A small granular point alone remained unhealed *within* the umbilical pit on the ninth day. On the morning of the tenth day a slight stain of blood was seen, on the dressing being removed from the umbilicus; the under surfaces of the mafico leaves were now applied over the umbilicus, and a compress over them. At 3 P.M. I was sent for, the child being faint, and found, on removing the bandage from the abdomen, that the compress was sodden with blood: firm conical compresses of lint were made